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Bib Data Sheet

CONFIRMATION NO. 1330

<b>SERIAL NUMBER</b> 10/672,833	<b>FILING OR 371(c) DATE</b> 09/26/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> NNI-0005
<b>APPLICANTS</b> Mark Edward Riehl, Doylestown, PA; <b>** CONTINUING DATA *****</b> <i>CMR</i> This appln claims benefit of 60/452,477 03/07/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>CMR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 69
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23377				
<b>TITLE</b> Reducing discomfort caused by electrical stimulation				
<b>FILING FEE RECEIVED</b> 881	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	